PTO/SB/01 (12-97)

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Attorney Docket Number

DECLARATION FOR	First Named Inv	ventor	Hao-Yun Ma							
DESIGN PATENT APPLICATION		COMPLETE IF KNOWN								
(37 CFR 1.6		Application Nun		/						
,		Filing Date								
Submitted OR Sub	aration mitted after Initial	Group Art Unit								
Filing (37	ng (surcharge CFR 1.16 (e)) uired)	Examiner Name	e							
	As a below named inventor, I hereby declare that:									
My residence, post office address										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
ELECTRICAL CONNECTOR WITH SAFETY LOAD LEVER										
the specification of which (Title of the Invention)										
is attached hereto										
OR was filed on (MM/DD/YYY)	0	as Unit	ed States Applic	ation Number or F	CT International					
Application Number	and was	s amended on (MM/DD/	YYYY)		(if applicable).					
I have by state that I have reviewed	and understand the C	ontents of the above ide		on, including the o	daims, as					
amended by any amendment spec	arically referred to audi	7 <del>6</del> .								
l acknowledge the duty to disclose	information which is n	naterial to paternatility a	3 (6////60 /// 07 6							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America. listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed		opy Attached? NO					
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Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:  I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.										
Application Number(s)	Filing Date	(MM/DD/YYYY)								
			Add	Additional provisional application numbers are listed on a						
			supplemental priority data sheet PTO/SB/02B attached hereto.							
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## DECLARATION — Utility or Design Patent Application

Address  2.5859  City  Country  Telephone  Telephone  Telephone  Telephone  Fax  State  Zip  Country  Telephone  Fax  Telephone  Telephone  Fax  Telephone  Tele	I hereby claim United States United States information wi and the nation	n the benefit under 35 U.S.C. 12 of America, listed below and, if or PCT International application nuch is material to patentability and application of the property of the pr	o of any United States and insofar as the subject main the manner provided to as defined in 37 CFR 1.5	oplication(s), or 36 atter of each of the by the first paragra 6 which became :	5(c) of any PC e claims of thi ph of 35 U.S.( available become	T internation is applicable 2. 112. I ac		designating sed in the parties duty to disci
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Additional recistered practitioner(s) named or recommental Renistrant Practitions (plantation sheet PTO/SB/02C attached hereto.  Address   Patent Trademark office   respondence address below    Address   25859    Address   State   ZIP    Country   Telephone   Fax    Interest all statements made herein of my own knowledge are true and that all statements made on information and beside are insteade by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements and the fike so made are misshable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of line are of Sole or First Inventor:   A petition has beer, filed for this unsigned inventor    Given Name (first and middle [if anv])   Family Name or Surname    Hao-Yun   Ma    Patent Trademark office    respondence address below    25859    State   ZIP    Telephone   Fax    Telephone   F	Name Name							
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